

**SUPPORTING DATA FOR COST-SHARED AND NON COST-SHARED VEGETATIVE
CONSERVATION PRACTICES**

Producer _____ County _____

Prepared by: _____ Date _____

Pasture or Field No(s). _____

A. Practice Name & No. _____

FSA Control No. (if applicable) _____

B. Type

Grass (seeded) _____ Amount _____

Grass (vegetative) _____ Amount _____

Legume _____ Amount _____

Other _____ Amount _____

C. Fertilization _____ Lbs./Ac _____

Lime _____ Lbs./Ac _____

D. Extent _____ Acres _____

How measured: ☐ Planimeter ☐ Scaled from Photo ☐ Ground Measured

E. When applied _____

F. How practice was applied: ☐ Drilled ☐ Broadcast ☐ Sprigged ☐ Sod

G. Type of mulch (if applicable) _____

H. Percent of treated area covered by mulch (if applicable) _____

I. Practice meets specifications: ☐ Yes ☐ No

J. Signature _____ Date _____

Designated NRCS/SWCD Representative

K. Remarks:

L. Show location sketch on reverse or attach photo.